

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE**

STATE OF WASHINGTON, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official
capacity as President of the United States of
America, et al.,

Defendants.

NO.

DECLARATION OF KATHLEEN
KENNEDY MILLER, M.D.

DECLARATION OF KATHLEEN
KENNEDY MILLER, M.D.

ATTORNEY GENERAL OF WASHINGTON
Complex Litigation Division
800 Fifth Avenue, Suite 2000
Seattle, WA 98104
(206) 464-7744

DECLARATION OF KATHLEEN KENNEDY MILLER, M.D.

I, Kathleen Kennedy Miller, hereby declare:

1. I am over the age of 18, competent to testify as to the matters herein, and make this declaration based on my personal knowledge.

2. In 2020, I began working as an attending physician in the Adolescent Health and Gender Programs Children's Minnesota. I am a board-certified pediatrician and board-certified adolescent medicine specialist. I graduated from the University of Iowa Medical School in 2014 and from 2014-2017 did my pediatric residency at University of Wisconsin – Madison. In 2017-2018 I was the Pediatric Global Health Chief resident at the University of Wisconsin – Madison. From 2018-2021, I completed a fellowship in adolescent medicine at the University of Minnesota. I am currently the medical director of Adolescent Medicine at Children's Minnesota.

3. My typical patient in gender health is between the ages of 12-23. I see patients from all over Minnesota, many from rural Minnesota. A large number of our patients utilize telehealth, and many patients drive several hours to see me. In the last year, we have seen an increase in the number of patients who come from other states where gender affirming care bans are in place.

4. Patients that I see typically have been experiencing gender dysphoria and mental health symptoms for years by the time they see me in clinic. Transgender patients who were assigned female at birth often experience extreme distress with their body and mental health because of changes to the body during puberty, in particular with breast growth and menstrual cycles. Patients assigned male at birth experience similar discomfort with male body changes during puberty. It is well documented in the literature that these patients experience social stigma and mental health symptoms which can be alleviated with gender affirming care. Gender affirming

care includes a wide variety of treatment modalities, including social support for both patients and their parents, voice therapy, mental health treatment, and medications such as puberty blockers and hormones. When patients with gender dysphoria are supported by their families and have access to gender affirming care, they often thrive and do extremely well. To cite just one example, I have a patient that at age 13, after a thorough treatment plan was put in place, was placed on puberty blockers to prevent her body from going through a masculine puberty. Once started on puberty blockers, and later, estrogen therapy, she has done extremely well. In fact at age 18 she received a full ride scholarship into college and is flourishing. When patients have access to the gender affirming medical care they need, they can thrive.

5. In my professional experience, I have seen that patients who do not have access to gender affirming care have worse physical and mental health outcomes. This is also backed by the scientific literature. Unfortunately, it has been my experience that many patients are not seen in a gender clinic until after they have had one or more suicide attempts. Removing access to care can have catastrophic effects for transgender youth and adolescents. For example, one of my patients had a delay in access to his puberty blockers due to insurance issues, and during that delay experienced a suicide attempt due to worsening mental health symptoms. Lack of access to care also results in patients who may seek treatment options on the internet or other unsafe, unregulated sources. Banning gender affirming care decreases safe options for care for transgender youth and adults.

6. I understand that the President of the United States has issued an Executive Order “Protecting Children from Chemical and Surgical Mutilation,” which directs the Office of Management and Budget and each executive department or agency that provides research or education grants to medical institutions, including medical schools and hospitals, to immediately

take appropriate steps to ensure that institutions receiving Federal research or education grants end gender affirming care for individuals under 19 years old (Sec. 4). The Executive Order further directs the Department of Justice to enforce laws against “female genital mutilation” against persons providing or facilitating such care to individuals under 19 years old (Sec. 8). Since the President of United States has issued this Executive Order, I have witnessed an increase in the number of my patients experience emotional distress related to this Executive Order. In fact, every single transgender patient I have seen since the order was issued has shared their concern and fear about the Executive Order. Since the President issued this Executive Order, the families we care for are absolutely terrified. We have seen a dramatic increase in phone calls from our patients seeking reassurance. Some want to and are trying to leave the country, and others want assurance that they will continue to be able to get their care. One mother I spoke with is alarmed because if her 16-year-old daughter’s medication is withdrawn, her daughter will go through a masculine puberty. Her daughter was assigned female at birth but has been on puberty blockers for years, and is fully female-presenting. If her medication is withdrawn, she will develop a deeper voice, masculine patterned hair growth, an Adams apple, and other changes associated with male puberty. She told me her daughter was sobbing and “freaking out.” If her access to medication is delayed for a prolonged period, the only possible ways to reverse the damage would be through surgery as the masculine changes of puberty become permanent. This is a 16 year old girl who was well adjusted and happy, who as a result of this Executive Order is experiencing extreme emotional distress.

I declare under penalty or perjury under the laws of the State of Minnesota and the United States of American that the foregoing is true and correct.

DATED and SIGNED this 5th day of February 2025 at St. Paul, Minnesota.

A handwritten signature in black ink, consisting of a stylized 'K' followed by a horizontal line.

Kathleen Miller Kennedy, M.D.